



THE UNIVERSITY of  
NEW ORLEANS

OFFICE OF PURCHASING

ADDENDUM # 1

August 19, 2021

To: All Bidders

Reference: IFB Number: IFB BSV2665: International Travel Insurance  
IFB Opening: August 31, 2021 at 2:00 p.m.

The following questions and answers and attachments will become a part of the specifications of the above referenced Invitation for Bid.

Questions and Answers		
1.	<b>Question:</b> Can you tell me how many faculty vs students there are that would be included in the plan offering?	<b>Answer:</b> We have about 400 total in the plan offering – 360 students and 40 faculty and staff.
2.	<b>Question:</b> Are you able to receive an email version as well as the hard copy version of the proposal?	<b>Answer:</b> No, bids should be submitted in person or by mail.
3.	<b>Question:</b> According to the General Instructions to Bidders, the RFP states that each proposal shall submit one signed original response (clearly labeled as original), two additional copies of the proposal, and one digital copy. How would you like to receive the digital copy? Will email suffice?	<b>Answer:</b> Please include a flash or jump drive inside the envelope with your sealed bid (submitted in person or by mail). No emailed bids will be accepted.
4.	<b>Question:</b> Can you please suggest an average length of travel to use to price this solution? If you do not have that information available, could you please provide a rough estimate (e.g. 10% of travelers go on annual trips, 50% for 2 months, 40% for 3 months, etc.)?	<b>Answer:</b> Ninety-eight percent of the travelers are gone for 4 to 6 weeks. One percent are gone for 4 months, and one percent are gone for the year.
5.	<b>Question:</b> Do you have any policies, traveler requirements, or some type of pre-trip training a traveler must partake in prior to travel? This mitigation plan is	<b>Answer:</b> We plan to implement policies, and we are planning the protocols now.



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	specific to COVID-19 and sending international travelers abroad.	
6.	<p><b>Question:</b> Do you have any travel to any of the below countries? If so, please list the number of travelers and average length of stay. A. Afghanistan B. Cabo Verde C. Democratic Republic of the Congo D. Equatorial Guinea E. Gambia, F. Gaza Strip &amp; West Bank, G. Guinea Conakry, H. Iran I. Iraq J. Israel K. Ivory Coast, L. Lebanon M. Libya, N. Mali, O. Nepal, P. Nigeria, Q. North Korea, R. Russia-Dagestan and Chechnya only, S. Senegal, T. Somalia, U. South Sudan, V. Sudan, W. Syria, X. Ukraine, Y. Yemen.</p>	<p><b>Answer:</b> No, we don't travel to any of those countries.</p>
7.	<p><b>Question:</b> You gave your census data as:</p> <p>November 2017-October 2018 - \$18,883.00, November 2018 – October 2019 - \$21,364.00, November 2019 – October 2020 - \$2,273.12, November 2020 – June 2021 - \$296.00</p> <p>Estimated Census Information (Number of participants per policy year):</p> <p>November 2017 - October 2018 – 422 November 2018 – October 2019 - 483 November 2019 – October 2020 - 22 November 2020 – June 2021 – 5</p> <p>Total Estimated Claims Paid (including dependent &amp; voluntary coverage) for three previous contract years:</p> <p>November 2017 - October 2018 - \$37,531.42, November 2018 – October 2019 - \$31,009.57, November 2019 – October 2020 - \$0.00, November 2020 – June 2021 - \$0.00</p> <p>Your data shows more money in claims being paid out than total premiums. It also seems extremely low for 400-500 participants. Is the census data correct?</p>	<p><b>Answer:</b> To the best of our knowledge, this information is correct.</p>



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8.	<p><b>Question:</b> Cigna also would not be able to offer the following benefits:</p> <p>Extension of benefits in the student home country as buy up benefit at the expense of the student.</p> <p>Sojourn for 8 weeks after the completion of the student study period.</p> <p>4-year agreement rate</p> <p>Dependent buy up at the student's expense</p> <p>Is that a requirement to make the bid? They are not typical requirements, and I have never seen them in other bids.</p>	<p><b>Answer:</b> Yes, these benefits are required.</p>
9.	<p><b>Question:</b> Please provide a list of countries the students will be traveling to, for how long and how many students included.</p>	<p><b>Answer:</b> Austria – 6 weeks – 250 students, Japan – 5 weeks, 25 students, France – 5 weeks – 30 students, Italy – 4 weeks – 20 students.</p> <p>This is an estimate of summer 2022 programming only. Exchange semesters may take place in Germany, England, Czech Republic, France, and Japan for less than 10 students total.</p>
10.	<p><b>Question:</b> Please provide the daily rate for the past 4 years.</p>	<p><b>Answer:</b> \$1.00 per day</p>
11.	<p><b>Question:</b> Will you consider a quote that does not include trip interruption?</p>	<p><b>Answer:</b> No, we will not.</p>
12.	<p><b>Question:</b> Please provide premium and claims prior to 2018, if available.</p>	<p><b>Answer:</b> This information is not available.</p>
13.	<p><b>Question:</b> Please provide claim details, specifically claims paid over \$5,000 for the 2016, 2017, 2018, and 2019 plan years.</p>	<p><b>Answer:</b> This information is not available.</p>
14.	<p><b>Question:</b> Why are the premiums and claims “estimated” for previous years?</p>	<p><b>Answer:</b> There was a small discrepancy between the agent and our numbers, and this is the best estimate at this time.</p>



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Attachments	
1.	Attached are copies of the plan brochures for 2017 and 2018-2019

All bidders should acknowledge receipt of this addendum with their bid. Failure to do so may be cause for rejection of bid without further consideration.

Susan Varble  
Director of Purchasing

ACKNOWLEDGMENT OF ADDENDUM

\_\_\_\_\_  
(Bidder)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Printed or Typed)

## Pre-existing Condition Benefit

Notwithstanding other provisions of this contract, when expenses are incurred because of injury sustained or sickness which first manifested itself prior to the effective date of coverage, benefits will be payable according to the Policy schedule to a maximum of \$2,500. This provision does not apply when the student is traveling against the advice of his or her doctor. It also does not apply when a student has been diagnosed with a terminal disease (defined as expected to cause death within one year).

## Worldwide Travel Assistance

Included in this health insurance program is access to the 24-hour Worldwide Assistance network, for emergency assistance anywhere in the world. Simply call the assistance center toll-free or collect. The telephone numbers from around the world are included with your ID card and materials. The multilingual staff will answer your call in English and immediately provide reliable, professional and thorough assistance.

The following services are included in the program:

1. Referral to the nearest, most appropriate medical facility, and/or provider.
2. Medical monitoring by board-certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

These services are included in the insurance provided in this program.

## Exclusions

For the Accidental Death and Dismemberment Indemnity, the Policy does not cover any loss, fatal or non-fatal caused by or resulting from:

- intentionally self-inflicted injury;
- suicide or attempted suicide, while sane or insane;
- war or any act of war, declared or undeclared;
- service in the military, naval, or air service of any country;
- illness, disease, or any bacterial infection other than bacterial infection occurring from an accidental cut, or wound;
- piloting or acting as a crew member or riding in any aircraft, except as a fare-paying passenger on a scheduled airline.

## Exclusions (continued)

With respect to Medical Expense, no benefit shall be payable with respect to expenses incurred:

- For pre-existing conditions defined as an injury or any illness which was contracted or which manifested itself, or for which a licensed physician was consulted, or for which treatment or medication was prescribed prior to the effective date of the Insured Person's coverage under this Policy (limited benefits may be provided by the pre-existing condition benefit);
- For services, supplies, or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician or expenses which are non-medical in nature;
- For suicide or attempted suicide, while sane or insane;
- For loss incurred as a result of declared or undeclared war, or any act thereof;
- For injury sustained while participating in professional or intercollegiate sports;
- For routine physicals;
- For cosmetic or plastic surgery, except as the result of an accident;
- For elective surgery;
- For dental care, except as the result of injury to natural teeth caused by accident;
- For eye refraction or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
- For expenses as a result of or in connection with intentionally self-inflicted injury;
- For expenses as a result of or in connection with the Insured's commission of a felony offense;
- For specific named hazards: the diving of any two or three wheeled motorized vehicle, mountain climbing, sky diving, professional or amateur racing; and piloting an aircraft;
- For treatment furnished under any other individual or group Policy, or other service or medical pre-payment plan to the extent so furnished, or under any mandatory government program or facility set up for treatment without cost to any individual;
- For treatment by a family member;
- For treatment relating to birth defects and congenital conditions; or complications arising from those conditions.

## Coordination of Benefits

If a covered person has other medical or dental coverage in addition to this policy, we will coordinate the benefits of the policy with the benefits of the other plan so the combined benefits do not exceed 100% of the allowable charges incurred. This may require a reduction of benefits paid under the secondary plan.

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy is delivered. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued.

Please keep this brochure for future reference. If you have any questions concerning this coverage, please call the numbers below.

Claim forms are available from your Study Abroad Program or from T.W. Lord & Associates.



THE UNIVERSITY of  
NEW ORLEANS

OFFERED BY:

**T.W. LORD**  
ASSOCIATES

INTERNATIONAL BENEFITS DIVISION

25 Dodd Street  
P.O. Box 1185  
Metairie, Georgia 30061  
1-800-633-2360  
(770) 427-2461  
FAX: (770) 429-0638  
E-MAIL: [info@twlord.com](mailto:info@twlord.com)

INSURED BY:

Advent Syndicate 750 at Lloyd's

Study Abroad  
Insurance Plan

2017

## Eligibility

Students, faculty and staff who are participating in programs sponsored by the University of New Orleans and who are temporarily engaged in educational activities while outside the U. S. A. are eligible to participate in this Plan. Insured participants may purchase dependent coverage.

Eligible dependents include your lawful spouse and your unmarried children under age 19 who are traveling and residing with you and are chiefly dependent on you for maintenance and support. If a child is born to a participant, coverage will commence from the moment of birth. The newborn child's coverage will cease 31 days following his date of birth unless the Company has received notification of the birth, the enrollment form, and the required premium payment.

## Period of Coverage

Coverage will begin 12:01 a.m. Eastern Standard Time on the latest of the following: a) The date of an insured Person's departure from their home country; b) The date the Application and premium with respect to the insured Person are received by the Company or its designated administrator; or c) The date requested in the Application for the insured Person's coverage.

Coverage will end on the earlier of the following: a) The date of an insured Person's return to their home country; b) The date requested in the Application for the insured Person's coverage; or c) The date of termination of this coverage under the Policy termination provisions.

## Optional Extended Coverage

You may purchase this insurance plan for non school supervised extensions of your Study Abroad program for a maximum of 8 weeks at a rate of \$100 per day. This coverage must be purchased prior to the commencement of your Study Abroad experience. Arrangements and payment for extensions are the responsibility of the student and should be made through T.M. Lord & Associates at 1-800-653-2390.

Premiums received by the Insurance Company will be considered fully earned and non-refundable. Refund of premium will be considered only if travel is cancelled and the Company is notified before the effective date of coverage.

## Accidental Death & Dismemberment

If an Insured Person's injury results in any of the following losses within 365 days after the date of accident we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident. The Principal Sum is \$15,000.

For Loss of:	Principal Sum
Life	Principal Sum
Both Hands or Both Feet or	Principal Sum
Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and	
Sight of One Eye	Principal Sum
Either hand or Foot	One Half the Principal Sum
Sight of One Eye	One Half the Principal Sum

The term loss as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrevocable loss of sight.

## Medical Expense Benefits

If injury or sickness occurs during the Period of Coverage, and you or your insured dependent require medical or surgical treatment, the Plan will pay 100% of the first \$5,000, 80% of the next \$5,000 and 100% thereafter to a maximum of \$500,000 for reasonable and customary charges listed below under the heading Covered Expenses.

## Covered Expenses

Only such expenses incurred as the result of and within 180 days of a disablement, which are specifically enumerated in the following list of charges and which are not excluded shall be considered as covered expenses:

1. Charges made by a hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature, provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodation, unless confinement in an intensive care unit is necessary.
2. Charges made for diagnosis, treatment and surgery by a physician.
3. Charges made for the cost and administration of anesthetics.
4. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusion, iron lungs, and medical treatment.

## Covered Expenses (continued)

5. Charges for physiotherapy, if recommended by a physician for the treatment of specific disablement, and administered by a licensed physiotherapist.
6. Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician.
7. Therapeutic termination of pregnancy up to \$500 maximum.
8. Charges for newborn nursery care up to \$500.
9. Expenses treated for treatment of nervous or mental disorders. Benefits are payable a) up to \$500 for outpatient treatment, or b) for inpatient treatment, 50% of eligible expenses, 30 days maximum.
10. Chiropractic care shall be limited to 80% of eligible charges up to \$35 per visit and a maximum of 10 visits per injury or illness.
11. Charges for dental expenses due to an accident originating outside the mouth up to \$2,000 maximum.

## Emergency Medical Evacuation

The Company will pay benefits for covered expenses incurred up to the maximum of \$100,000 for the necessary emergency evacuation of the insured Person.

Emergency Evacuation means: a) the insured Person's medical condition warrants immediate transportation from the place where the insured Person is injured or becomes ill to the nearest hospital where appropriate medical treatment can be obtained; or b) after treated at a local hospital, the insured Person's medical condition warrants transportation to the United States to obtain further medical treatment or to recover.

Covered Expenses are expenses, up to the maximum, for: transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the insured Person. All transportation arrangements made for evacuating the insured Person must be: a) by the most direct and economical conveyance; b) approved in advance by the Company; and Expenses for special transportation must be: a) recommended by the attending physician; or b) required by the standard regulations of the conveyance transporting the insured Person. Special transportation includes, but is not limited to, air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending physician. In addition we will pay the airfare and lodging expenses for a family member or designated person to help oversee the evacuation.

## Repatriation Of Remains

The Company will pay the reasonable covered expenses to return the insured Person's body home, if he or she dies, not to exceed a maximum of \$60,000. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation. In addition we will pay the airfare and lodging expenses for a family member or designated person to accompany the body to the insured's home country.

## Emergency Dental Expense Benefit

Emergency dental care will be covered as any other expense to a maximum of \$250.00. "Emergency Dental Care" means bona fide emergency services provided after the sudden onset of a medical condition which manifests itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical care could be reasonably expected to result in: 1) placing the Covered Person's health in serious jeopardy; 2) serious impairment to bodily function or; 3) serious dysfunction of any bodily organ or part.

## Family Assistance Benefit

If an insured person requires hospitalization exceeding seven (7) days, the Company will pay the round trip airfare and up to \$150.00 per day for lodging expenses for a family member to provide assistance.

## Reunification Benefit

In the event that an insured person's mother, father, brother, sister, spouse or child dies while the person is participating in the program, the Company will pay up to \$1,500.00 toward the cost of a plane ticket for the insured to return for a visit home.

## Post Program Coverage

Benefits will be paid up to \$10,000 for expenses incurred in the United States for accidents or illnesses which were first treated while participating in the Study Abroad Program. These expenses must be incurred within 60 days after return to the United States.

## Pre-existing Condition Benefit

Notwithstanding other provisions of this contract, when expenses are incurred because of injury sustained or sickness which first manifested itself prior to the effective date of coverage, benefits will be payable according to The Policy schedule to a maximum of \$2,500.

## Worldwide Travel Assistance

Included in this health insurance program is access to the 24-hour Worldwide Assistance network for emergency assistance anywhere in the world. Simply call the assistance center toll-free or collect. The telephone numbers from around the world are included with your I.D. card and materials. The multilingual staff will answer your call in English and immediately provide reliable, professional and thorough assistance.

The following services are included in the program:

1. Referral to the nearest, most appropriate medical facility, and/or provider.
2. Medical monitoring by board-certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

These services are included in the insurance provided in this program.

## Exclusions

For the Accident Death and Dismemberment Indemnity, the Policy does not cover any loss, fatal or non-fatal caused by or resulting from:

- intentionally self-inflicted injury;
- suicide or attempted suicide, while sane or insane;
- war or any act of war, declared or undeclared;
- service in the military, naval, or air service of any country;
- illness, disease, or any bacterial infection other than bacterial infection occurring from an accidental cut or wound;
- piloting or acting as a crew member or riding in any aircraft, except as a fare paying passenger on a scheduled airline.

## Exclusions (continued)

With respect to Medical Expense, no benefit shall be payable for expenses incurred:

- For pre-existing conditions defined as an injury or any illness which was contracted or which manifested itself, or for which a licensed physician was consulted, or for which treatment or medication was prescribed prior to the effective date of the Insured Person's coverage under this Policy. (Limited benefits may be provided by the pre-existing condition benefit);
- For services, supplies, or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician; or expenses which are non-medical in nature;
- For suicide or attempted suicide, while sane or insane;
- As a result of the insured person being under the influence of any drug, unless taken under the advice of a physician;
- For loss incurred as a result of declared or undeclared war, or any act thereof;
- For injury sustained while participating in professional or intercollegiate sports;
- For routine physicals;
- For cosmetic or plastic surgery, except as the result of an accident;
- For elective Surgery;
- For dental care, except as the result of injury to natural teeth caused by accident;
- For eye refraction or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
- As a result of or in connection with intentionally self-inflicted injury;
- As a result of or in connection with the insured's commission of a felony offense;
- For specific named hazards, the driving of any two or three wheeled motorized vehicle, mountain climbing, sky diving, professional or amateur racing, and piloting an aircraft;
- For treatment furnished under any other individual or group Policy, or other service or medical pre-payment plan to the extent so furnished; or under any mandatory government program or facility set up for treatment without cost to any individual;
- For treatment by a family member;
- For treatment relating to birth defects and congenital conditions; or complications arising from those conditions.

## Excess Provision

All coverage, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted. This provision will not apply when total covered expenses are less than \$500.

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy is delivered. Complete details may be found in the policy on file at your schools office. The policy is subject to the laws of the state in which it was issued.

Please keep this brochure for future reference. If you have any questions concerning this coverage, please call the numbers below.

Claim forms are available from your Study Abroad Program or from T.W. Lord & Associates.



THE UNIVERSITY of  
NEW ORLEANS

Study Abroad  
Insurance Plan

2018-2019

**T.W. LORD**  
ASSOCIATES

International Benefits Division

25 Dodd Street  
P.O. Box 1185  
Maitland, Georgia 30061  
Phone (770) 427-2461  
Toll-Free 1-800-633-2360  
Fax (770) 429-0638

Insured by:

ADVENT SYNDICATE 780 AT LLOYDS

## Eligibility

Students, faculty and staff who are participating in Study Abroad programs sponsored by the University of New Orleans and who are temporarily engaged in educational activities while outside the U.S. A. are eligible to participate in this Plan. Insured participants may purchase dependent coverage.

Eligible dependents include your lawful spouse and your unmarried children under age 19 who are traveling and residing with you and are chiefly dependent on you for maintenance and support if a child is born to a participant, coverage will commence from the moment of birth. The newborn child's coverage will cease 31 days following his date of birth unless the Company has received notification of the birth, the enrollment form, and the required premium payment.

**NOTE:** Enrollment in the Study Abroad Insurance Plan is required for all students participating in University of New Orleans Study Abroad Programs. The cost is \$1 per day. Students should sign up at the University of New Orleans Office of International Programs.

## Period of Coverage

Coverage will begin 12:01 a.m. Eastern Standard Time on the latest of the following: a) The date of an Insured Person's departure from their home country; b) The date the Application and premium with respect to the Insured Person are received by the Company or its designated administrator; or c) The date requested in the Application for the Insured Person's coverage.

Coverage will end on the earlier of the following: a) The date of an Insured Person's return to their home country; b) The date requested in the Application for the Insured Person's coverage; or c) The date of termination of this coverage under the Policy Termination provisions.

## Optional Extended Coverage

You may purchase this insurance plan for non school supervised extensions of your Study Abroad program for a maximum of 8 weeks at a rate of \$1.00 per day. This coverage should be purchased prior to the commencement of your Study Abroad experience. Arrangements and payment for extensions are the responsibility of the participant and should be made through TWI, Ltd & Associates at 1-800-633-2960.

Premiums received by the Insurance Company will be considered fully earned and non-refundable. Refund of premium will be considered only if travel is canceled and the Company is notified before the effective date of coverage.

## Accidental Death & Dismemberment

If an Insured Person's injury results in any of the following losses within 365 days after the date of accident, we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident. The Principal Sum is \$15,000.

For Loss of:

Life:	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Slight of One Eye	Principal Sum
Either hand or Foot	One Half the Principal Sum
Sight of One Eye	One Half the Principal Sum

The term loss as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irremovable loss of sight.

## Medical Expense Benefits

If Injury or Sickness occurs during the Period of Coverage, and you or your insured dependent require medical or surgical treatment, the Plan will pay, after a deductible of \$50 per illness (deductible is waived for accidents), 100% of the first \$3,000, 80% of the next \$5,000 and 100% thereafter to a maximum of \$500,000 for reasonable and customary charges listed below under the heading Covered Expenses.

## Covered Expenses

Only such expenses incurred as the result of and within 180 days of a disablement, which are specifically enumerated in the following list of changes and which are not excluded shall be considered as covered expenses:

1. Charges made by a hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature, provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodation, unless confinement in an intensive care unit is necessary.
2. Charges made for diagnosis, treatment and surgery by a physician.
3. Charges made for the cost and administration of: a) pharmaceuticals.
4. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusion, iron lungs, and medical treatment.

## Covered Expenses (continued)

5. Charges for physiotherapy, if recommended by a physician for the treatment of specific disablement, and administered by a licensed physiotherapist.
6. Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician.
7. Therapeutic termination of pregnancy up to \$500 maximum.
8. Charges for newborn nursery care up to \$500.
9. Expenses incurred for treatment of nervous or mental disorders. Benefits are payable a) up to \$500 for outpatient treatment, or b) for inpatient treatment, 50% of eligible expenses, 30 days maximum.
10. Chiropractic care shall be limited to 80% of eligible charges up to \$35 per visit and a maximum of 10 visits per injury or illness.
11. Charges for dental expenses due to an accident originating outside the mouth up to \$2,000 maximum.

## Emergency Medical Evacuation

The Company will pay benefits for covered expenses incurred up to the maximum of \$100,000 for the necessary emergency evacuation of the Insured Person.

**Emergency Evacuation means:** a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or becomes ill to the nearest hospital where appropriate medical treatment can be obtained; or b) after treatment at a local hospital, the Insured Person's medical condition warrants transportation to the United States to obtain further medical treatment or to recover.

Covered Expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be: a) by the most direct and economical conveyance; b) approved in advance by the Company; and Expenses for special transportation must be: a) recommended by the attending physician; or b) required by the standard regulations of the conveyance transporting the Insured Person. Special transportation includes, but is not limited to, air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending physician. In addition we will pay the airfare and lodging expenses for a family member or designated person to help oversee the evacuation.

## Emergency Dental Expense Benefit

Emergency dental care will be covered as any other medical expense to a maximum of \$2,000.00. "Emergency Dental Care" means bona fide emergency services provided after the sudden onset of a medical condition which manifests itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical care could be reasonably expected to result in: 1) placing the Covered Person's health in serious jeopardy; 2) serious impairment to bodily function or; 3) serious dysfunction of any bodily organ or part.

## Repatriation Of Remains

The Company will pay the reasonable covered expenses to return the Insured Person's body home, if he or she dies, not to exceed a maximum of \$50,000. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation. In addition we will pay the airfare and lodging expenses for a family member or designated person to accompany the body to the Insured's home country.

## Family Assistance Benefit

If an Insured person requires hospitalization exceeding seven (7) days, the Company will pay the round trip airfare and up to \$150.00 per day for lodging expenses for a family member to provide assistance. All transportation and lodging arrangements must be approved in advance by the insurance company.

## Bereavement Reunion Benefit

In the event that an Insured person's mother, father, brother or sister dies while the person is participating in the program, the Company will pay up to \$1,500.00 toward the cost of a plane ticket for the Insured to return for a visit home.

## Post Program Coverage

Benefits will be paid up to \$10,000 for expenses incurred in the United States for accidents or illnesses which were first treated while participating in the Study Abroad Program. These expenses must be incurred within 60 days after return to the United States.